

Missouri Title V Facts:

Tobacco Use During Pregnancy

Missouri
DHSS

Department of Health
and Senior Services

Background

Smoking and the use of other tobacco or nicotine products, such as e-cigarettes, cigars, or chewing tobacco, is associated with adverse health outcomes, including higher rates of oral, throat, and lung cancers. Cigarette use during pregnancy increases the chances of premature birth or low birth weight. Infants exposed to cigarette smoke are at increased risk for Sudden Infant Death Syndrome (SIDS), and are more likely to develop chronic conditions such as asthma. There is no safe level of tobacco use or exposure that is safe for women or children. The Centers for Disease Control and Prevention (CDC) recommend that all persons abstain from the use of tobacco or electronic nicotine products.¹

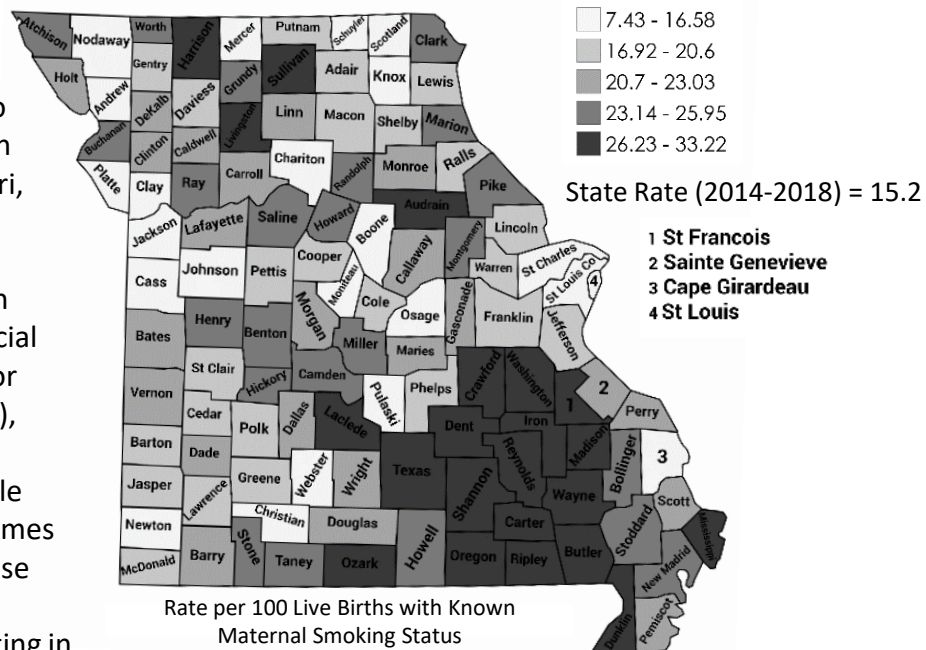
Missouri citizens continue to use tobacco products at a higher frequency than the national average, and above the Healthy People 2020 goal of 12.0%. Missouri is ranked 41st among US states for prevalence of tobacco use; in 2018, 19% of Missouri adults reported that they smoked cigarettes.² Though cigarette smoking is more frequent among men, 18% of women reported smoking cigarettes. Complete understanding of the landscape surrounding tobacco use is further complicated by the growing prevalence of electronic nicotine products, including e-cigarettes (including JUULs). In 2018, 6% of Missourians used e-cigarettes every day or some days, and a quarter of Missourians had tried an electronic cigarette at least once.³

Tobacco Use and Pregnancy

Of particular concern is tobacco use by pregnant women. Information on tobacco use during pregnancy is collected through the Missouri Vital Statistics system as well as population-based surveys such as the Missouri Pregnancy Risk Assessment Monitoring System (PRAMS).

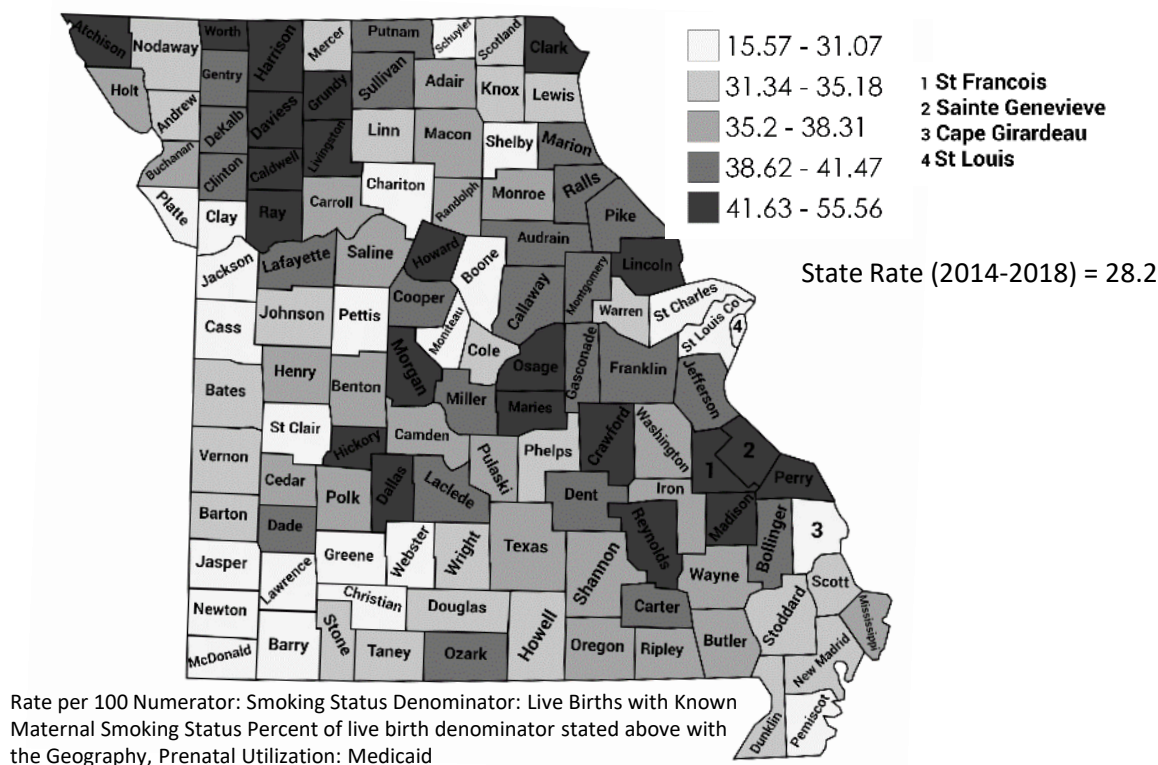
Data from birth certificates demonstrates that rates of tobacco use during pregnancy are highest in the southeastern region of Missouri, though there are pockets of high tobacco use throughout the state. Many services for pregnant women and new mothers, such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), address tobacco use and refer women to cessation services. While women with lower household incomes are more likely to report tobacco use while pregnant, rates of smoking among pregnant women participating in WIC is lower than among the Medicaid population as a whole.

Figure 1. Percent of Women Who Smoked During Pregnancy 2014-2018



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Figure 2. Percent of Women enrolled in MO HealthNet Who Smoked During Pregnancy 2014-2018

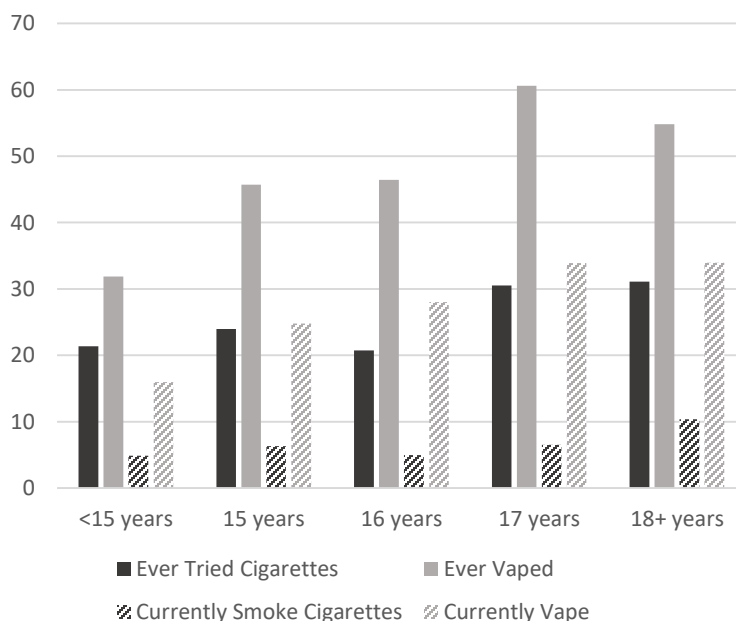


The PRAMS survey indicates that many women seek to quit smoking or tobacco use when they discover they are pregnant, but approximately half of those that quit resume using tobacco after the birth of their child. E-cigarette use is also becoming more common, with one in ten PRAMS respondents reporting e-cigarette use within the 2 years before becoming pregnant.

Youth Smoking and Vaping

Electronic cigarettes and vaping products, such as JUULs, represent another mode of tobacco use which is quickly increasing in popularity, particularly among youths and young adults. Though cigarette use among youths has declined significantly over the past several years, the use of electronic tobacco products has driven overall tobacco use to 21% in 2017. In 2019, nearly 60% of high school seniors had used an electronic vapor product at least once, and 34% were using such products regularly, up from 14% in 2017. Youths' choice to use tobacco and/or electronic vapor products is influenced by their social environment at home and at school: data suggests that one in twelve (8%) students tried electronic vapor products because a friend or family member used them.

Figure 3. Youth Smoking and Vaping



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Smoking and the use of other substances has been associated with poor mental health. In particular, previous studies have suggested that youths without a history of depression but who smoke cigarettes are twice as likely as their non-smoking peers to develop depression within one year.⁴ Missouri students who use tobacco are also likely to be white, male, and over 16 years. There is also evidence that young tobacco users are likely to have poorer school performance.⁴ Youths who experimented with cigarettes at young ages (8-12 years) are significantly more likely to become heavy smokers than peers who did not, highlighting the value of tobacco prevention and cessation resources directed towards pre-teens.⁵

What is Being Done?

In Fiscal Year (FY) 2020, Missouri allocated \$171,582 to tobacco prevention and cessation activities, up from \$48,800 in FY2019, but still only 0.2% of CDC's recommended \$72.9 million.⁶ Current activities to address adult and youth tobacco use include:

Tobacco QuitLine: The Quitline offers telephone and online counseling and resource materials to assist individuals who want to quit smoking or using other tobacco products. The Quitline is available to anyone in Missouri, offering four free phone or online smoking cessation counseling sessions.
<https://www.quitnow.net/>.

Home Visiting: The Department of Health and Senior Services provides home visiting services to high-risk clients in 24 Missouri counties and the City of St. Louis. All evidence-based home visiting models with which the Department contracts include smoking cessation and smoking prevention education as a key performance metric, and smoking cessation resources are offered and available to all clients who are current tobacco users.

Clear the Air Campaign: Clear the Air is a youth-facing anti-vaping campaign intended to educate young individuals on the dangers of vaping and tobacco use, including referrals to cessation resources, youth testimonials, and social media messaging. <https://stopthevapemissouri.org/>.

Local Public Health Efforts: Local public health agencies contribute significantly to smoking prevention and cessation efforts in the state. In 2018, of the 114 local public health agencies in Missouri, 37 provide tobacco cessation programs, 99 assess pregnant women for tobacco use and provide cessation counseling, 20 provide worksite tobacco programs, and 18 participate in anti-electronic-cigarette initiatives.



References:

1. U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Accessed 6 February, 2020.
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4. Goodman, E., & Capitman, J. (2000). Depressive symptoms and cigarette smoking among teens. *Pediatrics*, 106(4), 748-755.
5. Harrell, J. S., Bangdiwala, S. I., Deng, S., Webb, J. P., & Bradley, C. (1998). Smoking initiation in youth: the roles of gender, race, socioeconomic, and developmental status. *Journal of Adolescent Health*, 23(5), 271-279.
6. Centers for Disease Control and Prevention. (2014). Best practices for comprehensive tobacco control programs—2014. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 162-169.

Missouri Tobacco Quitline:

1-800-QUIT-NOW

www.quitnow.net